


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90022 001 ***158.75

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| DOCUMENT # P02000105719 |  |
| 1. Entity Name TEAM WORK ENTERPRISES, INC. | |

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| Principal Place of Business 3326-A NORTHCREST RD DORAVILLE GA 30340 | Mailing Address 3326-A NORTHCREST RD DORAVILLE GA 30340 |
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|---|---------------------------|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. 926 S. MAIN STREET City & State FRANKLIN - KY Zip 42134 | | 3. Mailing Address Suite, Apt. #, etc. 926 S. MAIN STREET City & State FRANKLIN KY Zip 42134 | |
| Country SIMPSON | Country SIMPSON | | |

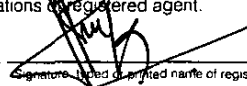


MOORE CR2E034 (11/03)

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| 4. FEI Number 56-2303405 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |

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| 6. Name and Address of Current Registered Agent SHAH, ASHOK 1215 CREIGHTON ROAD PENSACOLA FL 32504 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **02-15-2004**
(NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHAH, ASHOK 3326-A NORTHCREST RD DORAVILLE GA 30340 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHAH, ASHOK 926, S. MAIN STREET, FRANKLIN - KY - 42134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **02-15-2004** (270) 586 8039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR